

**NPI NorthSTAR CHILD EDTS FILE LAYOUT FOR RDM 2/01/07**

<b>Field Name</b>	<b>Len</b>	<b>Begin</b>	<b>End</b>	<b>Comment/decode</b>
<b>CMP</b>	<b>3</b>			<b>Header information to be stripped out</b>
<b>SEMI_COL1</b>	<b>1</b>			<b>Header information to be stripped out</b>
<b>RPT_NM_WITH_YYJJJ</b>	<b>12</b>			<b>Header information to be stripped out</b>
<b>SEMI_COL2</b>	<b>1</b>		<b>17</b>	<b>Header information to be stripped out</b>
REC_TYPE	12	1	12	Acceptable values: CEA1B=Intake; CEAUB=Update; CEA2B=Discharge CEA1BO = original appealed intake record. CEAUBO = original appealed update record
ID	10	13	22	"Client ID" on form. Identifies a client's CARE ID.
COMP	3	23	25	"Component" on form. Identifies the comp where the form was completed.
NS_ID	10	26	35	Identifies the client's NorthSTAR ID. Will be filled with leading zeros if NS ID is fewer than 10 characters.
ASSESS_TYPE	1	36	36	"Assessment Type: Intake, Update and Discharge" on form. Decodes are: I=Intake; U=Update, D=Discharge, N= Intake non-admission
TERMNT_REAS	1	37	37	"Assessment Type: Reason for discharge" on form. Acceptable Values: A = "Age 18 or Older", C = "Level of Care services complete", J = "Texas Youth Commission", M = "Moved out of local service area," N = "Never returned for services within authorized service period, not to exceed 90 days", T = "Transferred to other community provider in local service area", Z = "Other", 1 = "Satisfactory re-unification with custodial family", 2 = "Placed in psychiatric residential treatment", 3 = "Parental relinquishment of custody", 4 = " Court ordered juvenile justice placement", and 5 = "Other - For LOC 3 Movement". X='Auto-close'
EFF_DT	8	38	45	Calculated date on CARE mainframe. Format = YYYYMMDD.
DELETE	1	46	46	Filled with a 'D' to indicates the record has been deleted otherwise will be blank.
LOC_PROV_ID	9	47	55	BHO Provider ID. Populated with only 6 characters left justified for NS clients.
REFER_SRC	1	56	56	"Intake/Annually: Referral Source" checkbox on form. Identifies code of the source that first prompted or suggested the referral. Acceptable values: 1 - Family or Self, 2 - School, 3 - Juvenile Probation, 4 - TYC, 5 - CPS, 6 - From another division within the center - MR/SA/Emergency Services, 7 - TDMHMR facility, 8 - Other, 9 - Unknown.
PLACE_RISK	1	57	57	"Intake/Annually: At Risk of Placement" checkbox on form. Indicates if child is at risk of placement. Acceptable values: Y - Yes, N - No

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SPEC_EDUC	1	58	58	"Intake/Annually: ED (Special Education)" checkbox on form. Indicates if child is designated special education by the school because of emotional disturbance. Acceptable values: Y - Yes, N - No.
SEQ_NO	4	59	62	"Sequence Number" = sequential number assigned for each (incomplete, provider complete, complete) Intake, Update and Discharge RDM assessment record (beginning from the first effective date for RDM-MHBD record) performed on a consumer. Childrens records will begin with '1' and will range from 1001 through 4999.
FILLER_B	6	63	68	
OHIO_PROB_PARENT	3	69	71	"Parent Ohio Problem Severity Scale Score" on form. Acceptable values are 0 - 100.
OHIO_FUNC_PARENT	2	72	73	"Parent Ohio Functioning Scale Score" on form. Acceptable values are 0 - 80.
OHIO_PROB_YOUTH	3	74	76	"Youth Ohio Problem Severity Scale Score" on form. Acceptable values are 0 - 100.
OHIO_FUNC_YOUTH	2	77	78	"Youth Ohio Functioning Scale Score" on form. Acceptable values are 0 - 80.
OHIO_PROB_WORKER	3	79	81	"Worker Ohio Problem Severity Scale Score" on form. Acceptable values are 0 - 100.
OHIO_FUNC_WORKER	2	82	83	"Worker Ohio Functioning Scale Score" on form. Acceptable values are 0 - 80.
DIAG_QUAL	1	84	84	I = Internalizing, E = Externalizing, N = Not Stabilized or Blank
FILLER_C	3	85	87	
OHIO_PROB	3	88	90	"Problem Severity - Ohio Problem Severity Scale Score" on form. Acceptable values are 0 - 100.
OHIO_FUNC	2	91	92	"Functioning - Ohio Functioning Scale Score" on form. Acceptable values are 0 - 80.
DANGR_SELF_CUR	1	93	93	"Risk of Self-Harm" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
DANGR_OTH_CUR	1	94	94	"Severe Disruptive or Aggressive Behavior" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
FAM_PROBS_CUR	1	95	95	"Family Resources" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
MH_SUBS_TREAT_CUR	1	96	96	"History of Psychiatric Treatment" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
ALC_DRG_USE_CUR	1	97	97	"Co-occurring Substance Use" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
JUV_JUST_INV_CUR	1	98	98	"Juvenile Justice Involvement" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
SCHOOL_PROBS_CUR	1	99	99	"School Behavior" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
PSYCH_MED_TRT	1	100	100	"Psychoactive Medication Treatment" CA-TRAG Dimension Rating on form. Acceptable values are Y or N.
FILLER_D	4	101	104	

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<b>Field Name</b>	<b>Len</b>	<b>Begin</b>	<b>End</b>	<b>Comment/decode</b>
PROG_CMPL	1	105	105	"Successfully Completed CA Service Package 1,2, or 3" on form. Acceptable values are Y or N.
LOC_REC	3	106	108	"Calculated Level of Care Recommendation (LOC-R)" on form.
SECT1_DT	8	109	116	"Assessment Date" in Section 1 on form. Format = YYYYMMDD.
COMPL_STATUS	1	117	117	Completion status of the form. Acceptable values: I=Incomplete, R= Provider Complete, C=Complete.
FILLER_E	10	118	127	
NBR_ARRESTS	2	128	129	"Number of Arrests in the Last 90 Days" on form. Acceptable values are 0-99.
SCH_DAYS_MISS	2	130	131	"School Days Missed in the Last 90 Days" on form. Acceptable values are 0-90.
RES_CAT	1	132	132	"Primary Residence Type during the Last 90 Days" on form. Acceptable values are 1-9.
SECT2_DT	8	133	140	"Assessment Date" in Section 2 on form. Format = YYYYMMDD.
FILLER_F	10	141	150	
LOC_AUTH	3	151	153	"Actual Level of Care Authorized (LOC-A)" score on form. Acceptable values are 0-9 (including 1.1,1.2, and 2.1-2.4).
LOCA_EFF_DT	8	154	161	A calculated authorization effective date. Format = YYYYMMDD.
LOCA_END_DT	8	162	169	A calculated authorization end date. Format = YYYYMMDD. Will be blank if LOC_Auth = 9 or 6
RESRC_LIMITS	1	170	170	"Resource Limitations" reason for deviation from LOC-R on form. Acceptable values: Y or N.
CONS_CHOICE	1	171	171	"Consumer Choice" reason for deviation from LOC-R on form. Acceptable values: Y or N.
CLIN_OVERRIDE	1	172	172	"Consumer Need" reason for deviation from LOC-R on form. Acceptable values: Y or N.
OTHER_REAS	1	173	173	"Other" reason for deviation from LOC-R on form. Acceptable values: Y or N.
SECT3_DT	8	174	181	"Authorization Date" in Section 3 on form. Format = YYYYMMDD.
AUTH_ID	8	182	189	User ID of person who last accessed section 3.
TCOOMMI	1	190	190	TCOOMI indicator. "Y" = Yes, Blank = No
SUBJ_FAIR_HEAR	1	191	191	Subject to Medicaid Fair Hearing indicator. "Y" = Yes, Blank = No
FILLER_G	8	192	199	
ADD_DT	8	200	207	Date record added to CARE. Format = YYYYMMDD.
LASTUP_DT	8	208	215	Date record last updated in CARE. Format = YYYYMMDD.
LASTUP_ID	8	216	223	ID of last person or program updating record.
LASTUP_TM	4	224	227	Time of last update.
FILLER_H	10	228	237	
MEDICAID_CAT	2	238	239	Latest Medicaid category from CARE.
MEDICAID_CD	1	240	240	Latest Medicaid Coverage code from CARE.
MEDICAID_TYPE_PROG	2	241	242	Latest Medicaid type program from CARE.

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MEDICAID_EFF_DT	8	243	250	Latest Medicaid effective date from CARE. Format = YYYYMMDD.
MEDICAID_END_DT	8	251	258	Latest medicaid end date from CARE. Format = YYYYMMDD.
MEDICAID_SD_CD	1	259	259	Latest Medicaid spenddown code from CARE.
LAST_HOSP_ENDDT	8	260	267	Last hospital discharge date from CARE. Format = YYYYMMDD.
ARRAY_OPEN_ASGN_OCCURS	0	267	267	
ASSIGN_CD	4	268	307	Assignment code. Ten occurrences.
FILLER_I	20	308	327	
COMMENT	250	328	577	Long comment field with most recent comment listed first. If TERMNT_REAS = X then a comment field will have an entry of "LOCA expired"
ASSESSOR_SECT1	25	578	602	The name of the person authorizing or performing the assessment in Section One.
CRED_SECT1	12	603	614	Credentials of the person authorizing or performing assessment in Section One. Valid values: <b>MD</b> = Doctor of Medicine; <b>RN</b> = Registered Nurse; <b>RN-APN</b> = Registered Nurse - Advance Practice Nurse; <b>LPHD-PSY</b> = Licensed Doctor of Psychology; <b>LCSW</b> = Licensed Clinical Social Worker; <b>LMSW-ACP</b> = Licensed Masters in Social Work-Advanced Clinical Practice; <b>QMHP-CS</b> = Qualified Mental Health Professional-Community Service; <b>DO</b> = Doctor of Osteopathy; <b>LMFT</b> = Licensed Marriage and Family Therapist; <b>LPC</b> = Licenced Professional Counselor; <b>PA</b> = Physicians Assistant
FILLER_AC_SECT2	37	615	651	
ASSESSOR_SECT3	25	652	676	The name of the person authorizing or performing the assessment in Section Three.
CRED_SECT3	12	677	688	Credentials of the person authorizing or performing the assessment in Section Three. Valid values = MD, RN, RN-APN, PA, LPHD-PSY, LCSW, LMSW-ACP, QMHP-CS, DO, LMFT, LPC.
CRED_SECT_GRP	2	689	690	Grouping of credentials from Section 1 credentials field. Valid values: 1 = Physician/APN (MD,DO,RN-APN); 2 = Other Med. (PA, RN); 3 = Other LPHA (LPHD-Psy, LPC, LMFT, LMSW-ACP, LCSW; 5 = QMHP (QMHP-CS)
FILLER_CS2_GRP	2	691	692	
CRED_SECT3_GRP	2	693	694	Grouping of credentials from Section 3 credentials field. Valid values: 1 = Physician/APN (MD,DO,RN-APN); 2 = Other Med. (PA, RN); 3 = Other LPHA (LPHD-Psy, LPC, LMFT, LMSW-ACP, LCSW; 5 = QMHP (QMHP-CS)

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DEST_REF	2	695	696	List of destinations that the consumer may be "referred to" or be transferred after treatment has been completed, and/or discharged from services: 1=Private Practitioner; 2=Federally Qualified Health Home (FQHC); 3=Community Indigent Health Clinic; 4= Relinquishment of Custody (DFSP)-Child Adolescents Only; 5=Residential Treatment Placement; 6=Adult Criminal or Juvenile Justice System; 7=Different Center; 8=Nursing Home; 9=No Service; 10=Unknown; 11= Other Public Provider.
ext_rev	1	697	697	Extended Review indicator. Acceptable values are Y or N or blank (blank if intake no admission record - section 3 not completed)
Appeal_Flg	2	698	699	P1 = 'PROVIDER LVL 1' appeal P2 = 'PROVIDER LVL 2' appeal P2 = 'PROVIDER LVL 3' appeal
Vender_Nbr	15	700	714	Alpha numeric code identifying VO provider vendor number
Admin_deny	1	715	715	Y=Yes, N=No. Field to be used when original record was administratively denied by VO and sent back to the provider for correction.